PTO/SB/30 (09-03)

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Request	Application Number	09/751,860
for	Filing Date	12/29/2000
Continued Examination (RCE) Transmittal	First Named Inventor	Hartley C. Starkman
Address to:	Art Unit	3628
Mail Stop RCE Commissioner for Patents P.O. Box 1450	Examiner Name	Clement B. Graham
Alexandria, VA 22313-1450	Attorney Docket Number	60709-00009
This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1985, or to any design application. See instruction Shet for RCEs (not be submitted to the USPT) on page 2.		
<ol> <li>Submission required under 37 CFR 1.114 Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant closes not wish to have any previously filed unentered amendment(s) entered, applicant must request non-territy of such amendment(s).</li> <li>Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be</li> </ol>		
a. Considered as a submission even if this box is not checked.		
i. Consider the arguments in the Appeal Brief or Rety Brief previously filed on		
b. 🗹 Enclosed		
I. Amendment/Reply 18 pages iii. Information Disclosure Statement (IDS)		
ii. Affidavit(s)/ Declaration(s) iv. Other		
Miscellaneous       Suspension of action on the above-identified application is requested under 37 CFR 1.103(e) for a period of months. (Period of suspension shall not acceed 3 months. Fee under 37 CFR 1.17(i) required)     Other		
The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filled.  The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. <u>01-2384</u>		
i. RCE fee required under 37 CFR 1.17(e) (\$790.00)		
ii.   Extension of time fee (37 CFR 1.136 and 1.17) \$1,020.00 for three months		
iii. Other		
c. Payment by credit card (Form PTO-2038 endosed)  WARNING: Information on this form may become public. Credit card information should not		
be included on this form. Provide credit card information and authorization on PTO-2038.  SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED		
Name (Print/Type) Danie[M. Fitzgerald	Registra	tion No. (Attorney/Agent) 38,880
Signature   Lacul VI. Ligard   Date   March 31, 2008		
I hereby certify that this correspondence is being deposited with the United States Postal Servico with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P. O. Box 1450, Alexandría, VA 22313-1450 or facsimile transmitted to the U.S. Patent and Trademark Office on the date above below.		
Name (Print/Type) Signature	Date	
Assistance of information is required by 37 CFR 1.114. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including		
to processly air approcessor. Consideritability is governed by 35 0.3.0. 122	and or or it is in Tillia combident to t	committee to take it immedia to complete, including

to process sin appriacion. Combineratory is governed by 30 U.S.D. 12 and 37 U.R. 1.1.1 instruction for sentiment of safe 12 minutes to complete in patients and submitting the completed application form to the USPTO. Time will very depending upon the infinidual case. Any comments on the amount of line you require to complete this feature made is suggested for reducing this bursh, should be sent to the Chief Information Officer. U.S. Patient and Trademark Officer, U.S. Department of Commence, P.O. Box 1450, Alexandrix, V.A. 2213-1445. D. DIVT SIRD FEETE GR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patients, P.O. Box 1450, Alexandrix, V.A. 2223-1445. D. DIVT SIRD FEETE OF COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patients, P.O. Box 1450, Alexandrix 19-199 and Select option 2.

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